

available in the state, and has asked, and intends again to ask, the medical men in each county and in each city to have a meeting, canvass their own medical population, and decide which of those who have not yet gone should go first and which next, so that the burden—if it is a burden—may be made as light as possible and the service, which is paramount at the present time, may be rendered to the best advantage.

Who is not interested? Who cannot put a service flag with one or more stars in the window of his house or wear a service button showing that one or more members of his family has gone to fight for that freedom which we call Democracy? The importance of having the best medical and surgical ability of the country in the Army comes home to each one. The younger man—the man who is of the proper age—must remember that this great opportunity is his, and that the time to know it and take it is now. If he has not already made up his mind, or gone a step farther and made his arrangements, he should no longer delay taking both these steps, for it is far from likely that the foe is going to be beaten to an understanding of his defeat for some time to come, and the call for surgical assistance will not quiet until every German himself knows that Germany has lost.

REPORT OF PROVOST MARSHAL GENERAL ON FIRST DRAFT.

Under date of December 20, 1917, the Provost Marshal General has issued a report of the results of the first draft for the Army under the Selective Service Law. The report is compendious and will afford material for much interesting study. On June 5, 1917, there were enrolled a total of 9,586,508 men, of whom 3,082,949 were examined. Of this latter figure 1,057,363 were certified for military service. Of those so certified, 252,294 failed to appear when called for examination and according to the law were accordingly certified for service. This leaves, excluding also certain other minor classes, a total of 2,510,706 men who were actually examined by local boards. Of these, 730,756, or 29.11 per cent. were rejected for physical incapacity. Of these, 22,989, or 5.8 per cent., were rejected after being sent to cantonments by the local examining boards. Of the California men, 26.17 per cent. were disqualified for physical reasons.

Practically one-half of those called claimed exemption on some ground and of these 39 per cent. were exempted, constituting 77.86 per cent. of the total claims made for exemption. Less than 6000 arrests were made for failure to register.

The total expense of the draft was \$5,211,965.38. The average cost per registrant was \$0.54, per man called was \$1.69, and per man accepted for service was \$4.93.

Certain lessons and guides for the future are drawn from the results of the first draft which are worthy of consideration. It directs attention to the strategic necessity of the three vital industrial fields of shipbuilding and manning, munitions manufacture, and agriculture. The order

of mention of these three is significant of their relative importance for the war. Emphasis is placed on the reasons leading to a complete revision of the draft regulations and the classification of all men in the draft age according to certain rules. The first draft showed itself a powerful force in controlling and distributing labor throughout the country. Later it may be necessary for the Government to draft labor directly, a proceeding well within its powers and rights. But before such a necessity, it would seem that the principles of the revised draft should be tested thoroughly as they give promise of functioning to this desired end. "The entire industrial field must be explored, provision of facile and effective methods must be perfected, and the selective service system must stand as a pervasive and supple control which shall serve its purpose, so far as its powers make possible, in co-ordinating the man power of the nation and so fostering its industries in a nice and impartial balance which shall carry forward all varied endeavors, not singly or irregularly, but compacted in an even and synchronized march."

Many features of the data from the first draft are not yet available. Some of these we would especially like to see. It is much to be hoped that comprehensive data from the physical examinations will be available which will throw light, for instance, on the amount of previously undiscovered illness and disability. The lessons to be learned in the control of individual diseases are important. Especially is this true in the case of syphilis and gonorrhea. The control of tuberculosis, as a national problem, will be fostered by the data here elicited. The valuable results of physical examinations of a fairly uniform character on a large number of representative young Americans drawn from all parts of the country, should be carefully collated and preserved.

THE DECLINING CIVILIZED BIRTH RATE.

It is an undisputed fact that the birth rate falls as civilization advances. Birth control and civilization go hand in hand. It is also an undisputed fact that the portion of the population of the United States which is economically and socially (not fashionably) lower, is most productive or better, reproductive. In the last three and a half decades the trend of European immigration has swung from the north to the south. Whereas previous to this period, four-fifths of the immigrants were Scandinavians, north Russians, north Germans, and from the English isles, during this period and up to the great war, four-fifths of the immigrants were from south and east Europe, and comprised Slavs, Balkan races, south Italians and Greeks. The result has been a significant change in the rate of Americanization of the new elements, and a tendency to segregation of racial types and perpetuation of racial customs and ideals. This is not desirable from the American standpoint.

Along with this change in the character of immigration, and perhaps closely related to it, has been a change in the relative rate of increase by birth of the two general groups. In the older,

more cultured and in some ways more highly civilized group, the birth rate has receded. In the newer, more dissimilar, less advanced, recently added group, the birth rate has remained high or has perhaps even increased over its normal rate for the same group in Europe. The result, of course, is a tendency to replace the socially and economically higher group, with the group which is more virile but of a lower mental and social development. In this lies the peril of the falling birth rate which seems to characterize most civilized nations.

In an address before the American Association for the Advancement of Science, Louis I. Dublin¹ draws an interesting comparison between the rates of population increase in France, England and what is now Germany. He notes that at the beginning of the nineteenth century France led with 29,000,000, Germany was second with 23,000,000, and England was third with a population of about 18,000,000. A century later Germany was first with about 65,000,000, England was second with some 45,000,000, and France was third with 39,000,000. Thus the German population had trebled, England had increased by two and a half times, while France had increased less than one-half. In more recent years, he finds that the birth rates in both Germany and England have fallen considerably, although not to so great a degree as in France.

The National Birthrate Commission in England, reporting in 1916, stated that the birth rate had declined about one-third in the last thirty-five years and that the decline was due to a conscious limitation of the birth rate in the large mass of the population. Thus it seems that England is following close in the footsteps of France.

In the United States the rapid increase in total population has, of course, been largely facilitated by the high immigration rate. It has been further increased, as already noted, by the high rate of reproduction of the foreign-born rather than of the native stock. Dublin shows that there has been a pronounced and progressive decrease in birth rate in the United States for a period of years, and as in the case of France and England, the decrease has been selective and at the expense of the better and socially more valuable elements of the population. Cattell showed² that of 643 American men of science, the families from which they had sprung averaged 4.7 children each, whereas the families of these men themselves averaged only 2.3 children each. This figure is totally inadequate to maintain the status quo of the population, let alone providing for a healthy increase of population. Dublin quotes R. J. Sprague to the effect that in order to maintain equality of population, providing for infant mortality, adolescent mortality, unmarried individuals, sterility of marriage, and other minor factors, the average family must have almost four children.

In his arraignment of American national life, Dublin puts his finger unerringly on the point of

fault. This he states, is the failure of the educational system to inculcate national and altruistic ideals. "Our young men and women must be taught to realize early that we do not live for ourselves; that our intellectual, economic and social advancement must be carried forward not only as a tradition but more especially in terms of new vigorous and worthy personalities. Our educational system must make our various racial groups conscious of their best traditions and instill desires to see their better strain strengthened and increased as a foundation of the greater democracy of the future."

Many things can be brought to assist this desired end. Among these may be noted various economic premiums on larger families, tax exemptions for children, and above all, the honor and respect of the community for the woman who devotes herself to the rearing of a larger family in place of a public or other career. The very fault which Dublin invokes will be summarily dealt with by the war. A new national sense, and a new sense of brotherhood and realization of the obligation of service, will be among the inevitable sequents of the war. In fact they are developing during the war at an unprecedented rate.

PHYSICIANS' REBATES FROM DEALERS.

It is an established principle of medical ethics that no physician should accept a fee from another physician for referring patients. A corollary of this makes it unethical for a physician to pay fees to *anyone* for referring patients. If it is true that some physicians persist in this reprehensible practice of fee splitting then they should receive summary action from their local societies and short shrift in the good graces of their more honest and respectable fellows. On these matters there is common agreement, at least in the medical profession. In the matter of rebates from drug houses, for patients' prescriptions, and from surgical manufacturing houses for apparatus and appliances ordered for patients, there seems at first glance to be a decided difference. And yet, as we pointed out last month (Physicians' Commissions and the A. M. A., Editorial), exactly the same principle is involved. The patient has a legitimate right to know to whom and for what he is paying his money. The physician has no professional or ethical right without the knowledge of the patient, to collect two fees for the same service rendered.

This matter is succinctly and honestly stated in a letter from the proprietor of a surgical appliance house. The following is commended to the thoughtful attention of physicians:

"Replying to your query regarding our current practice for rebates or commissions to physicians who send us their patients for surgical appliances, will say that since December 1st we have not paid commissions in any form to any physicians. We adopted this ruling for two reasons. One is the impropriety of such a practice and the other is the increased cost of both raw and finished materials, and to continue this practice would necessitate a

1. Science, March 1, 1918.

2. Scientific Monthly, March, 1917.